

**Disadvantaged Business Enterprise (DBE) Program
Affidavit: Continuing Eligibility**

DECLARATION

This declaration is executed under penalty of perjury of the laws of the United States and State of Florida.

PRINT NAME AND TITLE OF MAJORITY DISADVANTAGED OWNER: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (If different): _____

BUSINESS PHONE: _____ FAX NUMBER: _____

You **must** include the following with this affidavit:

1. A complete business tax return for the current year. This may take the form of a Schedule 1120, 1120S or C. You must include the gross receipts of any and all affiliate businesses together with their respective tax returns.
2. An up-to-date Personal Financials Statement (enclosed) for each owner claiming disadvantaged individual status.
3. A complete current year personal tax return for each owner claiming disadvantaged individual status.
4. Copies of all current business, occupational and professional licenses that have been renewed since the last time an affidavit or DBE application was submitted.
5. Supporting documentation for any affirmative or "YES," response to items 2 or 4 of this affidavit.

Failure to submit this affidavit, by the Anniversary Date, and/or failing to provide required support documentation by the Anniversary Date, will result in the initiation of de-certification procedures against the firm.

Affidavit of Continuing Eligibility Must Be Returned To:

Department Procurement Management
111 N.W. 1st Street Suite 1300
Miami, Florida 33128-1974
Tel: 305-375-5289

1. DBE FIRM'S GROSS RECEIPTS (most recent complete year): \$_____
2. HAS THERE BEEN A CHANGE IN OWNERSHIP THIS PAST YEAR? YES____
NO____ (If "yes," you must submit proof of investment; documents indicating race, gender, ethnicity and citizenship status; stock certificates, partnership agreements, Corporate Meeting Minutes etc. reflecting said changes for all new owners.)
3. DOES THE PERSONAL NET WORTH (PNW) OF ANY DISADVANTAGE OWNER EXCEED \$750,000? YES____ NO____ (If "yes," identify the owner(s)) Personal Net Worth excludes your personal residence and the value of the DBE firm. Include all non-DBE business property, furnishings, jewelry, guns, stocks, bonds, IRAs, livestock, etc.)
4. HAS THERE BEEN A CHANGE IN MANAGEMENT? (Include Board of Directors for Corporations) YES____ NO____ (If "Yes," you must provide the names of new management staff and a description of their duties and responsibilities.)

I understand that any material misrepresentation will be grounds for de-certification and for initiation of action under federal and/or State laws regarding the making of false-statements.

I hereby certify there have been no material changes to the information provided with this firm's most recent completed application for DBE certification, except those heretofore and/or herein conveyed in writing.

STATE_____

COUNTY_____

(Disadvantaged Owner's Printed Name)

(Disadvantaged Owner's Signature)

Corporate Seal:

Sworn to and subscribed before me this____ day of _____, 20____,

by _____.
(Affiant's Printed Name)

He/She is personally known to me and/or has produced _____ as identification.
(Type of Identification)

STATE OF _____

(Signature of Notary)

(Notary's Print Name)

My Commission Expires: _____

COMPLETING AN UP-TO-DATE PERSONAL FINANCIAL STATEMENT

(These Statements Are Not Subject To Public Disclosure)

All owners claiming disadvantaged status MUST submit an up-to-date Personal Financial Statement, and support it by providing complete (all schedule) signed copies of their last three Federal Individual Income Tax Returns (1040) filed with the Internal Revenue Service.

A current Personal Financial Form **must** be completed by all owners claiming disadvantaged status.

You must complete all asset and liability sections (1 through 8) and transfer the totals from each section to the **Summary** on the first page. For any section where no asset or liability exists, you may indicate "Not Applicable," and enter zero(s) in the summary. If you require more space in any section, attach additional sheets, and reference the appropriate section number and heading.

If any asset or liability is jointly held, you, the disadvantaged individual, need only reflect the value of your share.



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand & in Banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others	\$
IRA or Other Retirement Account	\$	(Describe in Section 2)	
Accounts & Notes Receivable	\$	Installment Account (Auto)	\$
Life Insurance-Cash Surrender Value Only	\$	Mo. Payments \$	
(Complete Section 8)		Installment Account (Other)	\$
Stocks and Bonds	\$	Mo. Payments \$	
(Describe in Section 3)		Loan on Life Insurance	\$
Real Estate	\$	Mortgages on Real Estate	\$
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$	Unpaid Taxes	\$
Other Personal Property	\$	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$
Other Assets	\$	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$
Total	\$	Net Worth	\$
		Total	\$

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets.	(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes.	(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities.	(Describe in detail.)

Section 8. Life Insurance Held.	(Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

PLEASE NOTE:	The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.
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